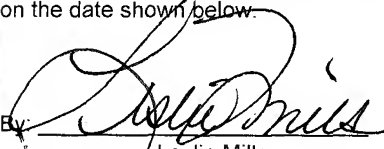
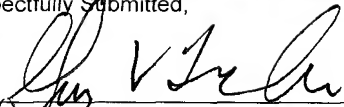


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Alston et al	Group No: 3771
Application No: 10/714,511	Examiner: Teena Kay Mitchell
Confirmation No: 9835	Attorney Docket No: NK.175.00
Filed: November 14, 2003	
Title: AEROSOLIZATION APPARATUS WITH NON-CIRCULAR AEROSOLIZATION CHAMBER	Thursday, February 14, 2008 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment in Response to Office Action dated 11/14/2007 <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input type="checkbox"/> Extension (Months)	<b>Extension Fee</b>
		Large Entity      Small Entity
	<input type="checkbox"/> One Month	\$120.00      \$60.00
	<input type="checkbox"/> Two Months	\$460.00      \$230.00
	<input type="checkbox"/> Three Months	\$1,050.00      \$525.00
	<b>Total \$ 0.00</b>	
	<input checked="" type="checkbox"/> Applicant believes that no extension of time is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	37	28	9	\$50.00	\$25.00	\$450.00
Independent Claims	4	4	0	\$210.00	\$105.00	\$ 0.00
Multiple Dependent Claims				\$370.00	\$185.00	\$ 0.00
Supplemental Information Disclosure Statement						
Total						<b>\$450.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$ 0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <b>10-0258</b> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <b>10-0258</b> .	
Fee for extra claims	\$450.00	Please direct all telephone calls to Guy V. Tucker at (415) 538-1555	
Total	<b>\$450.00</b>	Please continue to send correspondence to:	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>10-0258</b> in the sum of <b>\$450.00</b> . <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. 1.8a):</b>  I hereby certify that this correspondence is being electronically filed, on the date shown below.  By:  Date: <u>February 14, 2008</u> Leslie Mills		Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107  Respectfully Submitted,  By:  Date: <u>February 14, 2008</u> Guy V. Tucker Registration No. 45,302	